

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155377		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/04/2012	
NAME OF PROVIDER OR SUPPLIER SEYMOUR CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 707 S JACKSON PARK DR SEYMOUR, IN 47274			
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F0000	<p>This visit was for the Investigation of Complaint IN00106941.</p> <p>Complaint IN00106941 - Substantiated. Federal/state deficiencies related to the allegations are cited at F223, F225, F226.</p> <p>Survey dates: May 1, 2, 3, and 4, 2012</p> <p>Facility number: 000272 Provider number: 155377 AIM number: 100274710</p> <p>Survey team: Janie Faulkner RN TC Jill Ross RN</p> <p>Census bed type: SNF/NF 73 Total 73</p> <p>Census payor type: Medicare 8 Medicaid 61 Other 4 Total 73</p> <p>Sample: 5</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION IN GENERAL, OR THIS CORRECTIVE ACTION IN PARTICULAR, DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THIS FACILITY OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THIS STATEMENT OF DEFICIENCIES. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility is requesting a DESK REVIEW of compliance for this plan of correction.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/05/2012

FORM APPROVED

OMB NO. 0938-0391

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	Quality review 5/14/12 by Suzanne Williams, RN						

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F0223 SS=E	<p>483.13(b), 483.13(b)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION</p> <p>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>Based on interview and record review, the facility failed to ensure the residents were free of mental and verbal abuse. This deficient practice affected 1 of 5 residents reviewed for abuse in a sample of 5. (Resident # A) This deficient practice also had the potential to affect the 55 residents residing on the A and B wings, of the 73 residents in the facility.</p> <p>Findings included:</p> <p>During an interview with the anonymous complainant on 5/1/2012 at 4:30 P.M., the complainant indicated the following, "The ADON came in yelling at staff most every day that I worked." "She yelled at me multiple times, telling me that I wasn't getting all of my residents up for breakfast causing the day shift to fall behind."</p> <p>On 5/2/2012 at 1:15 A.M., an interview with LPN # 1 indicated the ADON was observed on 2/20/2012 screaming at</p>		F0223	<p>F-223 Free from abuse/ involuntary seclusion</p> <p>The facility's intent is to maintain an environment free from abuse/ involuntary seclusion.</p> <p>A. ACTIONS TAKEN:</p> <p>1. Employees indicated were terminated.</p> <p>B. OTHERS IDENTIFIED:</p> <p>1. All residents have the potential to be affected.</p> <p>2. Resident interviews completed to ensure that they feel safe in their</p>		06/03/2012	

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	<p>CNAs on the B Wing, and Resident # A told the ADON, "please [ADON's name] don't yell, the girls have been working hard." "A nurse was on the phone talking and had to cover the phone with her hand, so that the family would not hear ADON yelling at staff." "I have gone to the Administrator's office, and the ADON followed me and told me to go take care of something, so no I didn't tell the Administrator."</p> <p>On 5/2/2012 at 1:30 A.M., CNA # 3, stated, "Yes, I have heard ADON yelling at staff within hearing distance of several residents."</p> <p>During an interview with Resident # A on 5/3/2012 at 9:13 A.M., the resident stated, "Some of the nurses don't have a good attitude toward the residents." Resident # A was asked if there was anything that would make this facility more comfortable. Resident # A replied, "get rid of the bad attitude nurse." Resident # A was asked if he has heard any nurse yelling at the aides and he replied, "Yes, I heard [ADON's name] yell at aides and I asked her to please not yell at them; they had been working hard."</p> <p>On 5/3/2012 at 9:25 A.M., in an interview Housekeeper # 5 stated, "I have overheard nursing staff talking loud in front of</p>		<p>home as well as free from abuse.</p> <p>3. In-service education completed with department managers on appropriate employee discipline on 5/15/12 by ED.</p> <p>4. All staff in-service on, abuse prohibition, reporting, and procedure as well as appropriate employee discipline scheduled on 5/29/12 by ED or designee with a post test.</p> <p>C. MEASURES TAKEN:</p> <p>1. All staff in-service on, abuse prohibition, reporting, and procedure as well as appropriate employee discipline scheduled on 5/29/12 by ED or designee with a post test.</p> <p>2. Resident council meeting scheduled for 5/31/2012 to review reporting process of concerns to staff and will also be reviewed at forthcoming resident council meetings.</p> <p>D. HOW MONITORED:</p>				

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	<p>residents, yes supervisors." "The Housekeeping Supervisor yells at us too, within hearing distance of the residents." "Housekeeping Supervisor tells staff to clock out and finish their work as hours cut and have to clock out by 2:00 P.M." "I did go to [Administrator's name] about the being told to clock out and finish my work and he said I'm not to do that; he would talk to my supervisor." "No I did not report the yelling to the Administrator."</p> <p>During an interview with Housekeeper # 6 on 5/3/2012 at 9:35 A.M., the Housekeeper stated, "I have heard nursing staff and supervisors talking loud in front of residents." "The Housekeeping Supervisor yells at staff within hearing distance of the residents." "No, I did not report the yelling to the Administrator."</p> <p>On 5/4/2012 at 10:58 A.M., during a confidential interview with LPN # 2, LPN stated, "...I have been threatened, intimidated, and yelled at by the ADON and the DON." "On Martin Luther King Day I was mandated to stay over four hours by the ADON. I was down the hall passing meds and heard her yell down the hall that she would mandate me more than four hours if she could, but that's all I can give you and you will stay." "The ADON was mad all day. I was crying,</p>		<p>1. Resident interviews will be completed to monitor for compliance. Also random employee interviews will be completed on all shifts to ensure staff compliance and understanding of abuse prohibition policy by the SSD/designee weekly x4 then monthly x2 then quarterly x3 to monitor for compliance and if 100% of threshold not met actions plans will be developed.</p> <p>2. Abuse prohibition and investigation, Abuse prohibition CQI tool will be utilized by CEO/designee weekly x4 then monthly x2 then quarterly x3 to monitor for compliance and if 100% of threshold not met actions plans will be developed.</p> <p>3. The Executive Director/Designee will monitor for compliance of audits in the daily QA stand-up meeting.</p> <p>4. All audit results will be reviewed in the quarterly QA meeting with the Medical Director.</p> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is:</p> <p>6/3/12.</p>				

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	<p>mortified, and I told the unit coordinator." "That same day I heard her yelling at two nurse's aides, telling them they didn't know what they were doing, and telling everyone in the hall how terrible these ladies [residents] look." "[Resident # A] told the ADON to leave the girls alone; they were doing the best they can and the ladies look fine." "I agreed with [Resident # A]." "I know that I'm supposed to report it to the Administrator, but he's not approachable, so I didn't tell him."</p> <p>During an interview with QMA # 4 on 5/4/2012 at 5:32 P.M., the QMA stated, "Supervisors yell and curse at staff in the presence of residents." "I have seen an increase in some behaviors with some residents." Review of Resident Care/Need Sheet under "MONITORED BEHAVIORS," provided by the ADON on 5/1/2012 at 10:45 P.M. for the B Wing, indicated 13 of 17 residents on this hall were being monitored for yelling, cursing, screaming, making derogatory remarks, and hitting others. Total residents living on the B Wing was 24 with one resident out to a Behavior Center.</p> <p>Review of Resident Care/Need Sheet for the A Wing indicated 10 of 17 residents listed on the Resident/Care/Need Sheet under "MONITORED BEHAVIORS"</p>						

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	<p>were being monitored for yelling, cursing, screaming, making derogatory remarks, hitting, and shoving others. Total residents living on A Wing were 31.</p> <p>The Administrator and the corporate nurse were interviewed, on 5/4/2012 at 5:15 P.M., regarding allegations of the ADON, DON, and the Housekeeping Supervisor yelling at staff members within hearing distance of residents. Both the Administrator and the corporate nurse stated they were not aware of the allegations. The Administrator stated, "None of the staff reported this to me."</p> <p>Review of the "ABUSE PROHIBITION, REPORTING, AND INVESTIGATION POLICY AND PROCEDURE" dated February 2010, provided by the Administrator on 5/3/2012 at 5:37 A.M., indicated this is their current policy and procedure for abuse. "It is the policy of American Senior Communities to protect residents from abuse including physical abuse, sexual abuse, verbal abuse, mental abuse, neglect, involuntary seclusion, and misappropriation of resident property and/or funds." "Verbal Abuse - defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age,</p>						

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	<p>ability to comprehend, or disability....5. All abuse allegations/abuse must be reported to the Executive Director immediately...."</p> <p>This federal tag relates to complaint IN00106941.</p> <p>3.1-27(a)(1) 3.1-27(b)</p>						

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F0225 SS=E	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure allegations of</p>			F0225	<p>F-225 Investigate/ report allegations/ individuals The facility's intent is to investigate/</p>		06/03/2012

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	<p>verbal abuse were immediately reported to the Administrator of the facility, reported to the state agency, and investigated. This deficient practice had the potential to affect 55 of 73 residents residing in the facility. (Residents on A and B Wings)</p> <p>Findings included:</p> <p>On 5/2/2012 at 1:15 A.M., an interview with LPN # 1 indicated the ADON was observed on 2/20/2012 screaming at CNAs on the B Wing, and Resident # A told the ADON, "please [ADON's name] don't yell, the girls have been working hard." "A nurse was on the phone talking and had to cover the phone with her hand, so that the family would not hear ADON yelling at staff." "I have gone to the Administrator's office, and the ADON followed me and told me to go take care of something, so no I didn't tell the Administrator."</p> <p>On 5/2/2012 at 1:30 A.M., CNA # 3, stated, "Yes, I have heard ADON yelling at staff within hearing distance of several residents."</p> <p>On 5/3/2012 at 9:25 A.M., in an interview Housekeeper # 5 stated, "I have overheard nursing staff talking loud in front of residents, yes supervisors." "The</p>				<p>report allegations/ individuals.</p> <p>A. ACTIONS TAKEN: 1. Employees indicated were terminated. B. OTHERS IDENTIFIED: 1. All residents have the potential to be affected. 2. Resident interviews completed to ensure that they feel safe in their home as well as free from abuse. 3. In-service education completed with department managers on appropriate employee discipline on 5/15/12 by ED. 4. All staff in-service on, abuse prohibition, reporting, and procedure as well as appropriate employee discipline scheduled on 5/29/12 by ED or designee with a post test. 5. Staff members will report allegations of abuse immediately to the ED/DNS and they will report allegations of abuse to ISDH after receiving an allegation of abuse. C. MEASURES TAKEN: 1. All staff in-service on, abuse prohibition, reporting, and procedure as well as appropriate employee discipline scheduled on 5/29/12 by ED or designee with a post test. 2. ED/Designee to interview staff members on all three shifts periodically to ensure understanding of abuse and reporting requirements. D. HOW MONITORED: 1. Resident interviews will be completed to monitor for compliance. Also random employee interviews will be completed to ensure staff compliance and understanding of</p>		

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	<p>Housekeeping Supervisor yells at us too, within hearing distance of the residents."</p> <p>"Housekeeping Supervisor tells staff to clock out and finish their work as hours cut and have to clock out by 2:00 P.M."</p> <p>"I did go to [Administrator's name] about the being told to clock out and finish my work and he said I'm not to do that; he would talk to my supervisor." "No I did not report the yelling to the Administrator."</p> <p>During an interview with Housekeeper # 6 on 5/3/2012 at 9:35 A.M., the Housekeeper stated, "I have heard nursing staff and supervisors talking loud in front of residents." "The Housekeeping Supervisor yells at staff within hearing distance of the residents." "No, I did not report the yelling to the Administrator."</p> <p>On 5/4/2012 at 10:58 A.M., during a confidential interview with LPN # 2, LPN stated, "...I have been threatened, intimidated, and yelled at by the ADON and the DON." "On Martin Luther King Day I was mandated to stay over four hours by the ADON. I was down the hall passing meds and heard her yell down the hall that she would mandate me more than four hours if she could, but that's all I can give you and you will stay." "The ADON was mad all day. I was crying, mortified, and I told the unit coordinator."</p>				<p>abuse prohibition policy by the SSD/designee weekly x4 then monthly x2 then quarterly x3 to monitor for compliance and if 100% of threshold not met actions plans will be developed.</p> <p>2. Abuse prohibition and investigation, Abuse prohibition CQI tool will be utilized by CEO/designee weekly x4 then monthly x2 then quarterly x3 to monitor for compliance and if 100% of threshold not met actions plans will be developed.</p> <p>3. The Executive Director/Designee will monitor for compliance of audits in the daily QA stand-up meeting. 4. All audit results will be reviewed in the quarterly QA meeting with the Medical Director. E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: 6/3/12.</p>		

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	<p>"That same day I heard her yelling at two nurse's aides, telling them they didn't know what they were doing, and telling everyone in the hall how terrible these ladies [residents] look." "[Resident # A] told the ADON to leave the girls alone; they were doing the best they can and the ladies look fine." "I agreed with [Resident # A]." "I know that I'm supposed to report it to the Administrator, but he's not approachable, so I didn't tell him."</p> <p>During an interview with QMA # 4 on 5/4/2012 at 5:32 P.M., the QMA stated, "Supervisors yell and curse at staff in the presence of residents." "I have seen an increase in some behaviors with some residents." Review of Resident Care/Need Sheet under "MONITORED BEHAVIORS," provided by the ADON on 5/1/2012 at 10:45 P.M. for the B Wing, indicated 13 of 17 residents on this hall were being monitored for yelling, cursing, screaming, making derogatory remarks, and hitting others. Total residents living on the B Wing was 24 with one resident out to a Behavior Center.</p> <p>Review of Resident Care/Need Sheet for the A Wing indicated 10 of 17 residents listed on the Resident/Care/Need Sheet under "MONITORED BEHAVIORS" were being monitored for yelling, cursing,</p>						

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	<p>screaming, making derogatory remarks, hitting, and shoving others. Total residents living on A Wing were 31.</p> <p>The Administrator and the corporate nurse were interviewed, on 5/4/2012 at 5:15 P.M., regarding allegations of the ADON, DON, and the Housekeeping Supervisor yelling at staff members within hearing distance of residents. Both the Administrator and the corporate nurse stated they were not aware of the allegations. The Administrator stated, "None of the staff reported this to me."</p> <p>Review of the "ABUSE PROHIBITION, REPORTING, AND INVESTIGATION POLICY AND PROCEDURE" dated February 2010, provided by the Administrator on 5/3/2012 at 5:37 A.M., indicated this is their current policy and procedure for abuse. "It is the policy of American Senior Communities to protect residents from abuse including physical abuse, sexual abuse, verbal abuse, mental abuse, neglect, involuntary seclusion, and misappropriation of resident property and/or funds.".... "Verbal Abuse - defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability....5.</p>						

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155377		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/04/2012	
NAME OF PROVIDER OR SUPPLIER SEYMOUR CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 707 S JACKSON PARK DR SEYMOUR, IN 47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>All abuse allegations/abuse must be reported to the Executive Director immediately...."</p> <p>This federal tag relates to complaint IN00106941.</p> <p>3.1-28(c) 3.1-28(d) 3.1-28(e)</p>						

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F0226 SS=E	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on interview and record review, the facility failed to ensure their abuse prevention policy and procedure was followed, regarding the failure to ensure allegations of verbal abuse were immediately reported to the Administrator of the facility, reported to the state agency, and investigated. This deficient practice had the potential to affect 55 of 73 residents residing in the facility. (Residents on A and B Wings)</p> <p>Findings included:</p> <p>On 5/2/2012 at 1:15 A.M., an interview with LPN # 1 indicated the ADON was observed on 2/20/2012 screaming at CNAs on the B Wing, and Resident # A told the ADON, "please [ADON's name] don't yell, the girls have been working hard." "A nurse was on the phone talking and had to cover the phone with her hand, so that the family would not hear ADON yelling at staff." "I have gone to the Administrator's office, and the ADON followed me and told me to go take care of something, so no I didn't tell the</p>		F0226	<p>F-226 Develop/ implement abuse/ neglect, etc policies The facility's intent is to develop/ implement abuse/ neglect, etc policies.</p> <p>A. ACTIONS TAKEN:</p> <p>1. Employees indicated were terminated.</p> <p>B. OTHERS IDENTIFIED:</p> <p>1. All residents have the potential to be affected.</p> <p>2. Resident interviews completed to ensure that they feel safe in their home as well as free from abuse.</p> <p>3. In-service education completed with department managers on appropriate employee discipline on 5/15/12 by ED.</p> <p>4. All staff in-service on, abuse prohibition, reporting, and procedure as well as appropriate employee discipline scheduled on 5/29/12 by ED or designee with a post test.</p> <p>5. Staff members will report allegations of abuse immediately to the ED/DNS and they will report</p>		06/03/2012	

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	<p>Administrator."</p> <p>On 5/2/2012 at 1:30 A.M., CNA # 3, stated, "Yes, I have heard ADON yelling at staff within hearing distance of several residents."</p> <p>On 5/3/2012 at 9:25 A.M., in an interview Housekeeper # 5 stated, "I have overheard nursing staff talking loud in front of residents, yes supervisors." "The Housekeeping Supervisor yells at us too, within hearing distance of the residents." "Housekeeping Supervisor tells staff to clock out and finish their work as hours cut and have to clock out by 2:00 P.M." "I did go to [Administrator's name] about the being told to clock out and finish my work and he said I'm not to do that; he would talk to my supervisor." "No I did not report the yelling to the Administrator."</p> <p>During an interview with Housekeeper # 6 on 5/3/2012 at 9:35 A.M., the Housekeeper stated, "I have heard nursing staff and supervisors talking loud in front of residents." "The Housekeeping Supervisor yells at staff within hearing distance of the residents." "No, I did not report the yelling to the Administrator."</p> <p>On 5/4/2012 at 10:58 A.M., during a confidential interview with LPN # 2, LPN</p>			<p>allegations of abuse to ISDH after receiving an allegation of abuse.</p> <p>C. MEASURES TAKEN:</p> <p>1. All staff in-service on, abuse prohibition, reporting, and procedure as well as appropriate employee discipline scheduled on 5/29/12 by ED or designee with a post test.</p> <p>2. Abuse prohibition and investigation in-services are held during orientation and no less than 4 times per year. In-service to be conducted by ED or designee.</p> <p>D. HOW MONITORED:</p> <p>1. Resident interviews will be completed to monitor for compliance. Also random employee interviews will be completed to ensure staff compliance and understanding of abuse prohibition policy by the SSD/designee weekly x4 then monthly x2 then quarterly x3 to monitor for compliance and if 100% of threshold not met actions plans will be developed.</p> <p>2. Abuse prohibition and investigation, Abuse prohibition CQI tool will be utilized by CEO/designee weekly x4 then monthly x2 then quarterly x3 to monitor for compliance and if 100% of threshold not met actions plans will be</p>			

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	<p>stated, "...I have been threatened, intimidated, and yelled at by the ADON and the DON." "On Martin Luther King Day I was mandated to stay over four hours by the ADON. I was down the hall passing meds and heard her yell down the hall that she would mandate me more than four hours if she could, but that's all I can give you and you will stay." "The ADON was mad all day. I was crying, mortified, and I told the unit coordinator." "That same day I heard her yelling at two nurse's aides, telling them they didn't know what they were doing, and telling everyone in the hall how terrible these ladies [residents] look." "[Resident # A] told the ADON to leave the girls alone; they were doing the best they can and the ladies look fine." "I agreed with [Resident # A]." "I know that I'm supposed to report it to the Administrator, but he's not approachable, so I didn't tell him."</p> <p>During an interview with QMA # 4 on 5/4/2012 at 5:32 P.M., the QMA stated, "Supervisors yell and curse at staff in the presence of residents." "I have seen an increase in some behaviors with some residents." Review of Resident Care/Need Sheet under "MONITORED BEHAVIORS," provided by the ADON on 5/1/2012 at 10:45 P.M. for the B Wing, indicated 13 of 17 residents on this hall were being monitored for yelling,</p>		<p>developed.</p> <p>3. The Executive Director/Designee will monitor for compliance of audits in the daily QA stand-up meeting.</p> <p>4. All audit results will be reviewed in the quarterly QA meeting with the Medical Director.</p> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements, out date of completion is: 6/3/12.</p>				

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	<p>cursing, screaming, making derogatory remarks, and hitting others. Total residents living on the B Wing was 24 with one resident out to a Behavior Center.</p> <p>Review of Resident Care/Need Sheet for the A Wing indicated 10 of 17 residents listed on the Resident/Care/Need Sheet under "MONITORED BEHAVIORS" were being monitored for yelling, cursing, screaming, making derogatory remarks, hitting, and shoving others. Total residents living on A Wing were 31.</p> <p>The Administrator and the corporate nurse were interviewed, on 5/4/2012 at 5:15 P.M., regarding allegations of the ADON, DON, and the Housekeeping Supervisor yelling at staff members within hearing distance of residents. Both the Administrator and the corporate nurse stated they were not aware of the allegations. The Administrator stated, "None of the staff reported this to me."</p> <p>Review of the "ABUSE PROHIBITION, REPORTING, AND INVESTIGATION POLICY AND PROCEDURE" dated February 2010, provided by the Administrator on 5/3/2012 at 5:37 A.M., indicated this is their current policy and procedure for abuse. "It is the policy of American Senior Communities to protect</p>						

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	<p>residents from abuse including physical abuse, sexual abuse, verbal abuse, mental abuse, neglect, involuntary seclusion, and misappropriation of resident property and/or funds.".... "Verbal Abuse - defined as the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability....5. All abuse allegations/abuse must be reported to the Executive Director immediately...."</p> <p>This federal tag relates to complaint IN00106941.</p> <p>3.1-28(a)</p>						